

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10656133</u>	FILING DATE <u>09-08-03</u>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5		/		/			55		
6		/		/			56		
7		/		/			57		
8		/		/			58		
9		/		/			59		
10		/		/			60		
11		/		/			61		
12		/		/			62		
13		/		/			63		
14		/		/			64		
15		/		/			65		
16		/		/			66		
17		/		/			67		
18		/		/			68		
19		/		/			69		
20		/		/			70		
21		/		/			71		
22	/		/				72		
23		/		/			73		
24		/		/			74		
25		/		/			75		
26		/		/			76		
27		/		/			77		
28		6		6			78		
29	/		8	/			79		
30	/		8	/			80		
31		/		/			81		
32		/		/			82		
33		/		/			83		
34		/		/			84		
35		/		/			85		
36		/		/			86		
37			/				87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4		3				TOTAL IND.		
TOTAL DEP.	37		37				TOTAL DEP.		
TOTAL CLAIMS	41		40				TOTAL CLAIMS		